

RESEARCH ARTICLE / ÉTUDE ORIGINALE

# Explaining Feminist Movement Impact: Provincial Abortion Policies in the Wake of Decriminalization, 1988–2018

Sylvia Bashevkin 

Department of Political Science, University of Toronto, 100 St. George Street, Toronto, ON M5S 3G3, Canada

## Abstract

Focusing on four jurisdictions where abortion facilities and providers faced violent attacks following the *Morgentaler* decision of 1988, this study compares provincial government responses to core feminist demands in the area of women's reproductive health: enhanced hospital access, public funding of clinic abortions and safe zone protections. Consistent with previous research on childcare and anti-violence policies, the study finds that in neoliberal times, the presence of left governing parties in Alberta, British Columbia and Ontario generally favoured abortion rights interests while conservative regimes disadvantaged them. The article contributes valuable new insights in revealing (1) the importance of centrist leaders in Ontario and at the federal level to pro-choice policy changes, (2) the significance of feminist critical actors to these outcomes, and (3) major variation among New Democratic Party provincial governments on abortion policy. The conclusion discusses implications of these results and proposes directions for further research.

## Résumé

En se concentrant sur quatre territoires de compétence où les établissements et les prestataires de services d'avortement ont fait l'objet d'attaques violentes à la suite de la *décision Morgentaler* de 1988, cette étude compare les réponses des gouvernements provinciaux aux principales demandes féministes dans le domaine de la santé génésique - accès amélioré aux hôpitaux, financement public des avortements dans les cliniques et protection des zones sûres. En accord avec les recherches précédentes sur les politiques de garde d'enfants et de lutte contre la violence, l'étude constate qu'en période néolibérale, la présence de partis de gauche au pouvoir en Alberta, en Colombie-Britannique et en Ontario a généralement appuyé les intérêts des droits à l'avortement, tandis que les régimes conservateurs les ont défavorisés. L'article apporte de nouvelles informations précieuses en révélant (1) l'importance des leaders centristes en Ontario et au palier fédéral dans les changements de politiques pro-choix ; (2) l'importance des acteurs féministes critiques dans ces résultats et (3) les variations importantes entre les gouvernements provinciaux du Nouveau Parti démocratique en matière de politique d'avortement. La conclusion discute des implications de ces résultats et propose des orientations pour des recherches ultérieures.

**Keywords:** abortion; feminism; public policy; neoliberalism; party ideology

**Mots-clés:** avortement; féminisme; politique publique; néolibéralisme; idéologie des partis

## Introduction

Organized feminism stands among the most influential protest mobilizations of the past six decades. During the second wave and following, movement activists across North America championed women's health and, more specifically, the defence of reproductive choice as crucial pivots in a far-reaching issue agenda (Staggenborg and Ramos, 2016: 112–15, 130). Canadian campaigners since the 1960s identified access to safe, legal abortions within the public health care system as critical to women's control over their own bodies and movement success more generally (Brodie et al., 1992; Johnstone, 2018a; Wells, 2020).

In January 1988, feminists celebrated the Supreme Court of Canada's *Morgentaler* decision that struck down restrictions dating from 1969 (*R v. Morgentaler*, 1988). Reflecting a “medicalized definition and institutionalization of abortion,” section 251 of the Criminal Code had required patients seeking the procedure legally to apply to a hospital-based therapeutic abortion committee (TAC) (Brodie et al., 1992: 4). Composed of three physicians, TACs determined the likely dangers pregnancy posed to each woman's life or health. A federal government report found the process was cumbersome, lengthy and inequitable, given the absence of committees in areas outside major cities (Canada, 1977). Fewer than one in four publicly funded hospitals in the mid-1970s had TACs; research indicates this pattern particularly disadvantaged poor, rural, racialized and otherwise marginalized women (McDaniel, 1985: 79). In 1969, Dr. Henry Morgentaler cited barriers to access when he opened his first abortion clinic in Montreal. He cited the same obstacles when establishing additional facilities, notably one in Toronto that prompted police charges and extensive litigation culminating in the 1988 verdict (Brodie et al., 1992: 39–40).

In that ruling, a majority of high court judges deemed the prevailing terms of abortion provision a violation of women's rights to “security of the person” under section 7 of the Charter of Rights and Freedoms. Pro-choice activists responded by demanding that provincial governments—as the deliverers of health care to most Canadians—liberalize provision by (1) widening abortion access in hospitals, (2) fully funding abortions performed outside hospitals, and (3) particularly in provinces where violent attacks followed *Morgentaler*, enhancing the physical and psychological security of health care personnel and patients (PCAN, 2007). Campaigners sought temporary private court injunctions to limit disruptions caused by aggressive protesters near health facilities and providers' homes. As time passed, the burdens entailed in enforcing and extending private injunctions led them to pursue permanent public injunctions—whereby courts restricted where, when and how many opponents could protest—as well as legislative injunctions known as bubble zone laws (ARCC, 2022). These demands closely resembled claims advanced by pro-choice groups in the United States and other countries (Cook et al., 1999).

By contrast, anti-choice campaigners portrayed abortion as immoral, notably as the killing of the unborn (Brodie et al., 1992: 35, 58, 77). Describing themselves as “pro-life,” opponents sought (1) curtailed abortion provision in hospitals, (2) the withholding of public funds for abortions performed outside hospitals, and (3)

restricted access to hospitals, clinics and other health facilities that provided abortions (Cuneo, 1989; Saurette and Gordon, 2015). Anti-choice groups organized rallies, demonstrations, blockades and other actions that raised the level of threat facing not only physicians, nurses and staff but also patients seeking abortions (PCAN, 2007). Like their counterparts elsewhere, abortion opponents across Canada portrayed efforts to limit protest as dangerous infringements on democratic freedoms—notably freedom of religious expression (Albert, 2005).

Violent opposition by anti-choice interests was particularly clear in four provinces: Alberta, British Columbia (BC), Manitoba and Ontario. Frustrated and angry with the 1988 court ruling, protesters destroyed equipment at a Vancouver abortion clinic (February 1990); mounted arson attacks against Dr. Morgentaler's abortion clinics in Edmonton (July 1991) and Toronto (January 1992); firebombed Morgentaler's clinic in Toronto (May 1992); shot three abortion providers at their homes in BC (November 1994), Ontario (November 1995) and Manitoba (November 1997); and initiated acid attacks against Morgentaler's clinics in Toronto (January 1992) and Edmonton (November 1996) (PCAN, 2007).

To date, scholars have not compared policy outcomes in these four jurisdictions. Facing violent attacks on clinics and medical providers, could abortion rights campaigners move their agenda forward? How useful are existing theories of feminist influence in explaining pro-choice impact?

During the same period that Canada's abortion struggle was deepening, public leaders faced strong pressures to eliminate budget deficits and curtail the reach of state intervention. An ascendant neoliberalism endorsed dramatic social policy retrenchment so that individuals—a mass of people left undifferentiated along gender, class, race or other lines in retrenchment talk—assumed greater responsibility for their own well-being (Bashevkin, 2000; Collier, 2008, 2012; Teghtsoonian, 2003; White, 1997). The idea that social programs required reduction contradicted feminist claims—including abortion rights arguments—that these initiatives required expanded state attention and investment. Not surprisingly, Canadian research reports increasing conflict between neoliberal versus feminist perspectives by 1990, when federal leaders began cutting transfers to the provinces (Collier, 2008: 20; Rice and Prince, 1993; White, 1997: 25).

This era also saw the election of parties from across the ideological spectrum in provinces where violent attacks occurred. Yet little is known about how two factors identified in the literature on feminist policy impact—neoliberal pressures and left/right variation—shaped subnational abortion policies. Research to date focuses close attention on contestation at the federal level (Hausman, 2005; Hausman and Mills, 2012; Overby et al., 1998; Sethna and Hewitt, 2009; Stettner, 2013; Wells, 2020), the impact of the federal/provincial division of powers (Downie and Nassar, 2007; Erdman, 2007; Johnstone and Macfarlane, 2015; Palley, 2006; White, 2013) and the dynamics of anti-abortion activism (Cuneo, 1989; Saurette and Gordon, 2015). Existing studies of subnational abortion politics do not compare jurisdictions where violent attacks occurred, and they address theories other than those developed in the feminist policy literature (for example, Ackerman, 2017; Farid, 1997; Johnstone, 2018a, 2018b).

This article is among the first to address both gaps. It introduces longitudinal data to evaluate how governments in Alberta, BC, Manitoba and Ontario responded

in the three decades following *Morgentaler* to pro-choice demands for widened provision of hospital abortions, full public funding of clinic abortions and enhanced security zone protections. Echoing Canadian research on childcare and violence against women policies, the study finds retrenchment pressures may have blurred ideological differences between governments but did not eliminate them (Collier, 2008, 2012; White, 1997). Left-of-centre regimes in most provinces tended to respond more positively than right ones to feminist claims, such that New Democratic Party (NDP) governments in BC, Ontario and Alberta acted more favourably on abortion rights than did their conservative counterparts.

The article breaks new ground in illuminating four unexpected findings. First, it highlights the importance of centrist political formations, notably Liberals in Ontario and at the federal level, in advancing pro-choice interests.<sup>1</sup> In Ontario, provincial Liberal governments not only adopted more supportive positions than Progressive Conservative (PC) regimes but also passed a bubble zone law that New Democrats had earlier failed to introduce. During the same era that saw BC's NDP government legislate an injunction against disruptive protest following the shooting of a Vancouver physician, Ontario's NDP government wavered and then eventually secured a multi-site court injunction after arson and firebombing attacks at the *Morgentaler* clinic in Toronto (PCAN, 2007). At the federal level, health minister Diane Marleau warned, chastised and eventually withheld fiscal transfers to Alberta and Manitoba following their refusal to fund clinic abortions. Both jurisdictions altered their policies after Ottawa imposed sanctions (Health Canada, 2011: 24).

Second, Marleau's willingness to advocate for women's health at the federal level paralleled the interventions of subnational leaders, including Ontario attorney general Marion Boyd as well as premiers Kathleen Wynne and Rachel Notley in Ontario and Alberta, respectively. These politicians acted in a manner consistent with feminist critical actor ideas developed in the comparative gender and politics literature (Childs and Krook, 2008). As detailed below, each measurably advanced abortion rights in Canada.

Third, this account reveals important differences among and within provincial NDP organizations. Manitoba NDP and PC governments resembled each other in their shared refusal to fund clinic services and legislate bubble zones. This pattern is notable given that of the four provinces that experienced violent attacks, Manitoba had a nominally left party in power for the longest time during the 30-year period under study (see Table 1). We report divisions within the Ontario NDP cabinet and caucus of the 1990s, which could explain the Rae government's unwillingness to act as assertively pro-choice as BC New Democrats of the same era.

Fourth, we underline the role of social, as opposed to economic, drivers of provincial decision making, notably on clinic funding. At various times in Alberta, BC and Manitoba, political leaders invoked fiscal arguments in refusing to cover clinic procedures. Yet on average, these procedures cost public health insurance schemes less than hospital abortions and less than the care provided to pregnant women prior to and including childbirth (Erdman, 2007: 1154). Had fiscal precepts determined outcomes, decision makers would have funded abortions procured in clinics.

The next sections summarize prior research on feminist policy impact, introduce the methodology used in this study and present the main empirical findings. The concluding part discusses implications of these results, including the relevance

**Table 1.** Time in Office and Actions of Provincial Governing Parties by Ideological Placement, January 28, 1988–January 28, 2018

Province	Left	Centre	Right
Alberta	5/24/2015 to 1/28/2018, NDP; 980 days or 9%; <i>passed bubble law</i>		1/28/1988 to 5/24/2015, PC; 9,978 days or 91%; <i>funded clinic abortions following federal sanctions</i>
British Columbia	11/5/1991 to 6/5/2001, NDP; 3,500 days; <i>expanded hospital access, funded clinic abortions, passed bubble law</i> 7/18/2017 to 1/28/2018, NDP; 194 days Combined time in office: 3,694 days or 34%		1/28/1988 to 11/5/1991, Social Credit; 1,377 days 6/5/2001 to 7/18/2017, Liberal; 5,887 days Combined time in office: 7,264 days or 66%
Manitoba	1/28/1988 to 5/9/1988, NDP; 102 days 10/5/1999 to 5/3/2016, NDP; 6,055 days; <i>funded clinic abortions following federal sanctions and court losses</i> Combined time in office: 6,157 days or 56%		5/9/1988 to 10/5/1999, PC; 4,166 days 5/3/2016 to 1/28/2018, PC; 635 days Combined time in office: 4,801 days or 44%
Ontario	10/1/1990 to 6/26/1995, NDP; 1,730 days or 16%; <i>secured multi-site public injunction</i>	1/28/1988 to 10/1/1990, Liberal; 977 days; <i>funded clinic abortions</i> 10/23/2003 to 1/28/2018, Liberal; 5,211 days; <i>passed bubble law</i> Combined time in office: 6,188 days or 56%	6/26/1995 to 10/22/2003, PC; 3,040 days or 28%

*Note:* Time in office was calculated using the swearing-in dates of provincial premiers. Percentage of time governed by specific parties was calculated by dividing total days in office by total possible days in office (10,958). Actions taken by provincial governments are indicated in italics.

of surgical abortions given an approved abortion pill, and proposes fruitful directions for new research.

One caveat about language: although Canadian feminist and anti-feminist groups advanced broad agendas during the period under study, this text uses the shorthand terms *pro-choice* and *feminist* to refer to abortion rights advocates and uses *anti-choice*, *anti-abortion* and *anti-feminist* to refer to opponents of abortion rights.

## Concepts and Propositions

Public policy research highlights pressures dating from the 1980s in Canada and elsewhere to reduce government spending and curtail the reach of state responsibility, notably in areas neoliberals deemed personal or “private.” Advocates of retrenchment promised that cost containment and a scaling back of social programs would lower taxes, shrink the size of government and unfetter markets (Pierson, 1994). Although neoliberal ideas spread across the ideological spectrum, some of their strongest Canadian promoters were in the Reform Party—a right-wing formation that demanded less federal presence in fields including health care. Reform’s emphasis on cutting federal powers and expenditures coexisted with an explicit embrace of social conservatism, defined as the defence of traditional, religiously grounded values that clashed directly with feminist claims on abortion, childcare and other issues (Farney, 2012: chap. 6).

These developments directly threatened pro-equality interests. In English Canada in particular, feminists promoted a positive role for the state and especially the federal government. They rejected neoliberal emphases on personal self-reliance that ignored systemic inequalities related to gender, class, race and other sources of social disadvantage (Bashevkin, 1996; Dobrowolsky, 2006; Knight and Rodgers, 2012). Retrenchment arguments jeopardized abortion rights by degendering public policy and framing reproductive choice as a private matter not suitable for public financing or protection. By refusing to acknowledge systemic discrimination and its consequences, neoliberals effectively occluded major barriers to abortion access facing, for instance, Indigenous women in rural areas. Moreover, social conservatives in parties such as Reform championed patriarchal family organization and women’s traditional role as mothers and wives—thus rejecting pro-choice emphases on the primacy of women’s control over their bodies (Dubinsky, 1985; Farney, 2012; Petchesky, 1990).

In more general terms, feminist policy influence appeared vulnerable in an era of welfare state reorganization—whether that process took the form of targeted program reductions or larger structural changes (Pierson, 1994: 15–17). Research on Canadian childcare, violence against women, and social assistance programs shows that starting in the 1980s, fiscal pressures and the push to individualize (rather than socialize) risk worked against movement campaigners in provinces including Alberta, BC and Ontario (Collier, 2008, 2012; Harder, 2003; Little, 1998; Teghtsoonian, 2003; White, 1997). Although limited work examines abortion from the perspective of neoliberal retrenchment, reductions in both federal transfers to the provinces and federal grants to campaigning groups likely held negative

consequences, since they slashed health care funding and removed financial supports for pro-choice activism (Feldberg et al., 2003: 34–36).

Abortion was arguably more susceptible to retrenchment pressures than other feminist priorities. Unlike childcare and social assistance programs that formed recognized—albeit contested—components of provincial welfare states prior to the 1980s, open access to publicly funded reproductive health services never formed an integral element of social policy. Functioning TACs operated in fewer than one in four of Canada's public hospitals in the mid-1970s, when abortion debates largely concerned physicians, patients and individual privacy rather than women's right to control their bodies (Brodie et al., 1992; McDaniel, 1985; McLaren and McLaren, 1997). Given that no golden age of abortion access existed, activists after 1988 had to develop new claims for public investment in women's reproductive health and state regulation of anti-choice protest—all in an age when the neoliberal mantra was ascendant.

Overall, retrenchment theories predict that growing neoliberal influence beginning in the 1980s would severely disadvantage pro-choice interests. In cumulative terms, they expect diminished progress over time for abortion rights campaigners because government leaders would either defund specific programs or impose wider systemic changes to limit women's reproductive health access.

A divergent perspective follows from political opportunity (PO) theorizing in the social movement literature. This conceptual stream stresses the characteristics of particular political contexts, notably the array of normative and institutional openings that shape protesters' ability to influence government decision making. Research in the PO stream focuses on values and structural vulnerabilities in the policy environment where movements and regimes interact; it views the ideological positioning of parties in power as crucial to the openness of elites toward activist demands and hence to the impact of social protest (Gelb, 1989: 2).

Canadian research on childcare and violence against women policies generally supports partisan arguments. Left-of-centre provincial governments treated feminist claims more favourably than conservative regimes, “with centrist governments falling somewhere in between” (Collier, 2008: 29; see also White, 1997). These findings echo other Canadian accounts showing a direct association between progressive party ideology and feminist influence (Bashevkin, 2019; Burt and Lorenzin, 1997; Byrne, 2009; Carbert, 1997; Erickson, 1997; Harder, 2003; Little, 1998; Teghtsoonian, 2003; Trimble, 1997; Young, 2000). Similarly, studies of the United States, Germany and India report that progressive political circumstances were conducive to feminist advocacy while conservative ones were not (Guenther, 2010; Melich, 1996; Morgen, 2002; Ray, 1999; Reger, 2012).

Governing party ideology was likely relevant to abortion policies in Canada because on one side, second-wave feminism from its inception was deeply immersed in left politics—as evidenced in the NDP affiliations of many participants in the 1970 Abortion Caravan (Wells, 2020). On the other, North American anti-feminism, including organized opposition to pro-choice claims, originated in the social traditionalism of the political right (Cuneo, 1989; Farney, 2012). Considered as a unit, PO arguments suggest progressive governing party ideology will advantage while conservative governing party ideology will disadvantage pro-choice interests, with centrist regimes in between.

Given that neoliberalism coexisted with alternations of governing party, scholars usefully consider both theories in tandem. They report that the combined effects of neoliberalism and conservative parties in power were particularly unfavourable to feminist interests. Collier's study of BC and Ontario between 1985 and 2005 concludes that "the impact of neoliberalism on anti-violence policy is often more pronounced under right-wing regimes than left-wing ones" (2008: 21). Similarly, White's (1997) account of childcare in Ontario between 1980 and 1996 finds that left governments reduced program spending but were less likely than conservative regimes to systemically overhaul social policy. If applied to reproductive health, this literature suggests that in neoliberal times, abortion rights claims will be more disadvantaged under right-of-centre than left-of-centre governments.

One dimension of PO theory, however, flags the limits of this proposition. If prevailing norms shape leaders' receptivity to movement agendas, then decision makers will be constrained by social values and not just left/right ideology. Under a series of disparate governments, Palley writes, high levels of religious traditionalism in Manitoba created "very intense opposition" to abortion (2006: 579). Research shows religion affected Canadian MPs' views on abortion (Overby et al., 1998; Rayside et al., 2017: chap. 2) and created internal divisions in left parties, including UK Labour and Australian Labor (Plumb, 2013: 260). In other words, traditionalist pressures even in nominally left parties may restrict pro-choice influence, meaning centrist parties of a secular bent may be more open to abortion rights claims than some left formations.

## Methodology and Aggregate Findings

In research design terms, this study uses a similar cases approach to evaluate policies in four provinces inside a single federal system. Alberta, BC, Manitoba and Ontario are geographically proximate units where abortion facilities and providers were physically attacked following the *Morgentaler* decision (PCAN, 2007). These events reflected the organizational capacity of interests on both sides of the issue: pro-choice campaigners in all four jurisdictions had secured a degree of strength and visibility that their opponents were prepared to challenge using violent means (PCAN, 2007; Saurette and Gordon, 2015). Strong retrenchment pressures existed in all four places beginning in the 1980s (Collier, 2008; Erickson, 1997; Grace, 2005; Harder, 2003; White, 1997). Varied political parties, from nominally left/progressive to right/conservative, won power in each province in the decades following 1988 (see Table 1).

This article uses an inductive methodology to compare abortion rights influence. We evaluate the 30 years between January 1988, when the *Morgentaler* decision was announced, and January 2018, before the COVID pandemic started. This end point ensures we do not consider post-COVID times, when governments across Canada markedly increased spending.

Using public information on election outcomes, we organized chronologies for each province according to party in power. Considering 1988–2018 was helpful because (1) Alberta's NDP won power for the first and, as of this writing, only time in 2015; (2) BC's NDP returned to government in 2017 following more than 15 years in opposition; (3) the Manitoba PCs and NDP alternated in

power; and (4) Ontario saw three parties in office during the three decades. Given the importance of intergovernmental fiscal transfers to provincial health delivery, it is notable that three federal parties governed during this period: the PCs, Liberals and Conservatives.

The analysis relies on close reading of primary documents on the public record, including memoirs, statements by abortion rights groups, Hansard transcripts, official government press releases and government reports. Pro-choice websites provided comprehensive information on movement demands and the extent to which provincial governments responded to them (ACSHR, 2019; ARCC, 2021a, 2021b; ARCC, 2022; PCAN, 2007). We also consulted secondary sources, including media reports and academic studies, to verify chronological and other factual details. Taken together, these materials permitted us to construct detailed chronologies broken down by province and, within them, by party in power.

We evaluate the dependent variable using multiple indicators of provincial government action on three pro-choice demands. First, we consider patterns of hospital access using qualitative data on subnational responses to the 1988 decision, as well as numbers of hospitals providing abortion services. Hostility toward *Morgentaler* and reduced hospital numbers point toward lower pro-choice influence, while compliance with the decision and widened hospital access suggest greater impact. Second, we assess whether provinces funded clinic abortions and numbers of clinics operating in each jurisdiction, where public funding and rising clinic numbers indicate feminist impact. Third, to measure protections for abortion providers and patients, we probe the willingness of subnational leaders to pursue court injunctions and access zone laws, where multi-site injunctions and bubble legislation reflect pro-choice influence.

In explanatory terms, retrenchment arguments predict that pro-choice interests would be increasingly stymied over the 30-year period. By contrast, a party politics approach expects abortion rights advocacy to be more influential when New Democrats hold power and less effective when conservatives govern. As summarized in Table 1, neither thesis seems compelling at the aggregate level. Contrary to neoliberal expectations, data on all three dimensions suggest policies tended to liberalize over time. Bubble zone laws, for instance, eventually passed in three of the four jurisdictions. In no case did abortion rights outcomes unfold in a uniformly unfavourable direction.

With reference to ideology, the duration in power of nominally left parties was not positively associated with pro-choice impact. As shown in Table 1, Manitoba had NDP governments for about 17 years (or 56% of the 30 years), BC for approximately 10 years (34%), Ontario for about 5 years (16%) and Alberta for roughly 3 years (9%). Yet Manitoba demonstrated sustained unwillingness to fund clinic abortions and pass access zone legislation. Moreover, focusing on left versus right occludes the possibility that centrist formations might take meaningful pro-choice actions. Conversely, Table 1 shows conservative parties were most frequently in power in Alberta (91% of the time), followed by BC (66%), Manitoba (44%) and then Ontario (28%). This ordering is hard to reconcile with BC's long-term willingness to fund clinic abortions and protect access via legislative injunction and with Manitoba's refusal to pass an access law or cover clinic procedures for significantly longer than Alberta.

Given that the aggregate time in power of nominally left or right parties in the 30 years after *Morgentaler* holds limited predictive capacity, we now consider each dimension of abortion policy under specific provincial governments.

### Hospital Access

Consistent with partisan arguments, right-of-centre governments in three jurisdictions either rejected or grudgingly accepted the *Morgentaler* decision. In the fourth, Ontario's centrist Liberals acted expeditiously to implement the ruling. PC premiers Ralph Klein in Alberta and Mike Harris in Ontario tried to retrench welfare states during the mid-1990s, which in turn threatened reproductive health services in hospitals. Only in Ontario did quantitative patterns of hospital provision support left/right arguments.

In BC, Social Credit premier Bill Vander Zalm announced outspoken opposition to *Morgentaler* within a month of the decision. In his words,

This government, like all other governments, must accept the ruling of the Supreme Court of Canada. But this government will not fund abortion on demand or be a party to the same Supreme Court ruling which indicated there could be the killing of an independent human being. This government will work vigorously towards alternatives to abortions, and commits itself to fund programs and facilities to assist expectant mothers in need (BC Hansard, 1988: 3165).

BC's cabinet revised the Medical Services Act to define abortion as a not medically required and hence not publicly insured service unless performed in a hospital when the life of the pregnant woman faced significant threat. The provincial Supreme Court ruled the political executive had exceeded its jurisdiction in determining medically required services. Social Credit leaders did not appeal the decision (*BC Civil Liberties Assn. v. British Columbia*, 1988; Farid, 1997: 126–27; PCAN, 2007).

The number of BC hospitals providing abortions generally declined over time, and not in a manner consistent with left/right factors. After taking office in late 1991, the NDP government released a list of 33 hospitals that were expected to perform abortions, and in 1996, it amended the provincial Hospital Act such that all listed hospitals were expected to do so (PCAN, 2007; Downie and Nassar, 2007: 166). Under Liberal premier Gordon Campbell, 20 hospitals (22%) offered the procedure in 2002, compared with 26 (29%) in 2008 (Palley, 2006: 576; Reid, 2013). A total of 10 BC hospitals provided abortions in 2019, when the NDP held power under John Horgan (ACSHR, 2019).

In Alberta, PC premier Don Getty announced in February 1988 that his government would accede to *Morgentaler* and disband TACs. Noting that he had not yet received much public feedback, Getty stated, "I hope they [constituents] understand this is something we had to do because of the [Supreme Court] decision" (as quoted in Zdeb, 1988). Getty's successor, Ralph Klein, tried in 1995 to remove abortion from the list of medically necessary services—an idea vigorously opposed by doctors (PCAN, 2007; Saurette and Gordon, 2015: 141). Klein nested restrictions on

reproductive health access in a larger systemic retrenchment that promised to cut spending on hospitals and health care, eliminate the deficit and reduce taxes (White, 1997: 13–16). In 2004, Klein declared his willingness to incur financial penalties from the federal government in order to de-list abortion services but did not take further action (PCAN, 2007).

Numbers of Alberta hospitals offering abortions were not positively associated with a left party in power. Four hospitals offered the procedure under Klein in 2002, representing fewer than 5 per cent of the province's facilities, compared with six (6%) under his PC successor, Ed Stelmach, in 2008 (Erdman, 2007: 1095; Palley, 2006: 576; Reid, 2013). Under Rachel Notley's NDP government in 2019, two Alberta hospitals provided the procedure (ACSHR, 2019).

Manitoba experienced some of Canada's most protracted abortion debate (Palley, 2006: 579). Given long waiting lists at the province's main hospital, Dr. Morgentaler located his first clinic outside Montreal in Winnipeg (Palley, 2006: 573). Former provincial NDP cabinet minister Joe Borowski led sustained high-profile protests against the Winnipeg clinic, which opened in 1983. The protests contributed to Premier Howard Pawley's NDP cabinet becoming "helplessly split" over questions of access (Ross, 1983: 21; see also Morton, 1992). Enforcing what Pawley and his attorney general deemed a violation of the Criminal Code, Manitoba's NDP government charged Morgentaler and refused to grant his clinic hospital status (McDaniel, 1985: 79; Pawley, 2011: 166–67; Ross, 1983). Elected in spring 1988, the PC government of Gary Filmon formalized that position by stipulating abortions be procured in hospitals in order to be publicly funded. As Erdman writes, "Manitoba amended its health insurance regulations to exclude '[t]herapeutic abortions, unless performed by a medical practitioner in a hospital in Manitoba other than a private hospital'" (2007: 1094). Pro-choice interests litigated through 2005 against that provision.

Numbers of Manitoba hospitals offering abortion services did not decline with a rightist party in power. Two facilities (4%) provided the procedure in 2002 and 2008 under NDP premier Gary Doer while three offered abortions in 2019 under PC leader Brian Pallister (Palley, 2006: 576; Reid, 2013; ACSHR, 2019). Manitoba resembled Alberta in that fewer than 5 per cent of public hospitals provided abortions in 2003 (Erdman, 2007: 1095).

Ontario Liberals chose not to restrict abortion access or funding after the high court ruling (Erdman, 2007: 1094). David Peterson's government disbanded hospital-based TACs and made no attempt to oppose the judgment (Farid, 1997: 126; PCAN, 2007). Two Liberal backbenchers, however, voiced hopes that the federal government would provide "protection for the unborn" in new legislation (Ontario Hansard as quoted in Johnstone, 2018a: 93).

Longitudinal figures on Ontario hospitals suggest left regimes were more responsive to pro-choice claims than centre or right formations. When Bob Rae's NDP lost power in June 1995, 81 of 219 provincial hospitals (37%) performed abortions, although only 6 (3%) did so after the 16-week mark (Farid, 1997: 130). By 2002, under the PC regimes of Mike Harris and Ernie Eves, the number of hospitals offering abortions dropped to 44 (23%) (Palley, 2006: 576). Declining hospital provision reflected the consequences of Harris' Savings and Restructuring Act. Passed in 1996, this legislation permitted Ontario to shutter facilities as part of a major social

policy overhaul. Abortion rights groups were not allowed to present their case against restructuring at Queen's Park committee hearings (Farid, 1997: 132). In the period 1997–2003, PC governments closed multiple Ontario hospitals providing abortion and birth control services and combined pro- with anti-choice institutions. Wellesley Hospital in Toronto, for example, was forcibly amalgamated with the Catholic-controlled St. Michael's Hospital, while Peterborough Civic Hospital was merged with the Catholic-controlled St. Joseph's Health Centre (Farid, 1997: 134; Gilmour, 2006: 366–70; Palley, 2006: 582). The election of Dalton McGuinty's Liberals failed to reverse patterns of decreased provision. As of 2008, 33 Ontario hospitals (17%) provided abortions (Reid, 2013). That number fell further to 20 hospitals under Doug Ford's Conservatives in 2019 (ACSHR, 2019). Ontario data thus suggest access to hospital abortions was widest under the NDP, suffered significant contraction under PC restructuring policies and did not recover under subsequent Liberal leaders. At the same time, Ontario materials confirm the limited availability of second trimester and later abortions even during the NDP years.

Overall, policy outcomes as measured by hospital access generally support partisan arguments. On the political right, Social Credit leaders in BC opposed the *Morgentaler* verdict but complied after losing in court. PCs in Alberta reluctantly conceded but, like PCs in Ontario, systemically retrenched during the mid-1990s in ways that threatened hospital-based services. In Manitoba, PC as well as NDP governments opposed liberalized provision. The sole centrist governing party in 1988, the Ontario Liberals, promptly disbanded TACs. Data on numbers of hospitals offering abortions reveal a decline over time, with the proportion especially low in Alberta and Manitoba. Only in Ontario did hospital provision peak under a left governing party.

### Clinic Abortions

Supporting partisan claims, left and centrist governments in BC and Ontario funded clinic abortions. In Alberta, sanctions imposed by the federal Liberals on a provincial PC regime eventually produced the same outcome, while in Manitoba, federal sanctions together with court losses led the NDP to fund clinic procedures. In quantitative terms, left/right party in power helps to explain numbers of clinics in three of the four provinces.

BC's Social Credit government stipulated in February 1988 that provincial health insurance would only cover hospital abortions, and only when the life of the mother was endangered. The provincial Supreme Court struck down those provisions the following month. In November 1988, Western Canada's first freestanding abortion clinic opened in Vancouver. Everywoman's Health Centre immediately became a target for disruptive protesters whose February 1990 break-in destroyed \$30,000 worth of equipment. Tensions surrounding Everywoman's and a second Vancouver clinic dating from late 1990 led NDP leader Mike Harcourt to promise on the eve of the 1991 provincial election that once in power, his party would open abortion clinics across BC. Within weeks of taking office, the BC NDP announced public funding for both existing clinics (PCAN, 2007).

Efforts by Alberta's PC government to limit hospital abortions and block public funding for clinic procedures led pro-choice interests to establish the Morgentaler clinic in Edmonton. Opponents targeted the facility in an arson attack before it formally opened in 1991, and in 1996, they organized a butyric acid attack. In 1992, abortion campaigners created the Kensington Clinic in Calgary, which also became a frequent site of protest activity (PCAN, 2007). Funding practices changed in Alberta after Marleau's warning that not covering clinic abortions violated the Canada Health Act and would result in fiscal sanctions. Ottawa began withholding transfers such that "From November 1995 to June 1996, total deductions of \$3,585,000 were made to Alberta's cash contribution in respect of facility fees charged at clinics," including those offering abortions. Alberta reversed its position on clinic funding in October 1996 (Health Canada, 2011: 24).

Federal sanctions imposed as a result of Manitoba's decisions were lengthier than those levied against Alberta, and also more punitive given the disparate populations and fiscal capacities of the two provinces. Federal data indicate Ottawa deducted about \$2.4 million from transfers to Manitoba through the end of 1998 (Health Canada, 2011: 24). In denying funding to the Morgentaler clinic in Winnipeg, Manitoba governments consistently invoked fiscal rationales. Yet evidence shows that, on average, abortions were less expensive when procured outside versus inside public hospitals and cost significantly less than maternal health care combined with childbirth (Erdman, 2007: 1154). Provincial court rulings found the Manitoba Health Services Commission could exclude specific services from coverage but not impose conditions on their provision (*Lexogest Inc. v. Manitoba Attorney General*). Manitoba appeals court judge Charles Huband referred to tensions between fiscal rhetoric and reality in his 1993 *Lexogest* ruling: "If an abortion could be provided at less cost at a hospital than a freestanding clinic, it would make eminently good sense and would be entirely within the spirit of the Act to require that they be performed in the hospitals as a prerequisite to coverage. But the opposite appears to be the case. . . . It is perverse that an insurance scheme designed to control costs should willfully increase them" (as quoted in Erdman, 2007: 1154). In 1993, Manitoba's PC government amended the Health Services Insurance Act such that cabinet could ban public payments for medically necessary services depending on where the services were delivered—in this case, abortions performed in clinics (Erdman, 2007: 1103; PCAN, 2007).

Elected to power in 1999, the Manitoba NDP faced continued federal threats to impose fiscal penalties. As well, two anonymous women launched a class-action suit in 2001 alleging the province's refusal to fund their abortions at the Morgentaler clinic in Winnipeg violated multiple sections of the Charter (*Jane Doe v. Manitoba*). A summary court decision issued in December 2004 struck down exclusionary sections of the Health Services Insurance Act and determined Manitoba had violated women's rights in not funding clinic abortions (Erdman, 2007: 1098, 1102; Palley, 2006: 573–74; PCAN, 2007). The NDP government response dated January 2005 stated that clinic abortions were "not medically necessary" and insisted the ruling "jeopardizes the province's responsibility to determine the most effective and efficient way to deliver health care" (as quoted in Erdman, 2007: 1142). In late 2005, the NDP cabinet altered provincial regulations to fund abortions in private clinics (Erdman, 2007: 1098; PCAN, 2007).

In April 1990, the Ontario Liberals passed the Independent Health Facilities Act, which remained in force under an NDP government elected later that year. The legislation ultimately covered abortions procured in five clinics in Toronto as well as the Morgentaler clinic in Ottawa, which opened in 1994 (ARCC, 2021a: 2). Elected in 1995, the Harris PCs covered payments to physicians but blocked facilities fees for new abortion clinics, including the Bloor West Village Women's Clinic, Brampton Women's Clinic, Mississauga Women's Clinic and Women's Care Clinic in Toronto (ARCC, 2021a: 2; Downie and Nassar, 2007: 154). Feminists saw this approach as a violation of the Canada Health Act under the terms of Marleau's January 1995 letter to her provincial counterparts, which defined hospitals and clinics as equivalent health care facilities.<sup>2</sup> Ontario escaped federal fiscal sanctions of the type imposed in this period on Alberta and Manitoba—likely because in Ontario, doctors' fees were publicly funded while facility charges incurred by patients ranged from under \$100 to \$600 per clinic abortion (Downie and Nassar, 2007: 154; Weeks, 2019b). In office for 15 years beginning in 2003, Ontario Liberals did not amend the list of fully funded clinics (ARCC, 2021a: 2).

In quantitative terms, numbers of abortion clinics grew over time in BC in a manner consistent with governing party ideology: from 6 in 2008 under Gordon Campbell's Liberals to 14 in 2019 under John Horgan's NDP. Left/right arguments also find support in Alberta, where clinic numbers increased from two under the PCs in 2008 to three under the NDP in 2019, and in Manitoba, where they fell from two under the NDP in 2008 to one under the PCs in 2019. Data on clinics in Ontario are inconsistent with expectations, growing from 11 under the Liberals in 2008 to 18 under the PCs in 2019 (Reid, 2013; ACSHR, 2019).

In short, data on funding for clinic abortions and numbers of clinics suggest left or centre governments tended to assist pro-choice interests while conservative regimes disadvantaged them. Manitoba, where PC as well as NDP leaders opposed clinic funding through 2005, deviated from the general pattern on clinic coverage. External pressure from federal fiscal sanctions led Alberta to finance clinic procedures. Manitoba funded clinic abortions after both federal penalties and a series of court losses.

### Safe Zone Protections

Limited access to hospital abortions led pro-choice interests in all four provinces to establish freestanding clinics. Those facilities then became targets of sustained, sometimes violent opposition. From the perspective of clinic staff and patients, the tenor and frequency of anti-abortion protest posed grave physical as well as psychological risks (Cook et al., 1999; PCAN, 2007).

Abortion rights campaigners demanded that provincial decision makers improve safety around medical facilities, as well as the homes of health providers (ARCC, 2022; PCAN, 2007). Their initial strategy of securing private court injunctions yielded mixed results. In Ontario, Dr. Morgentaler requested in 1994 that picketing be prohibited at 23 locations, including hospitals, clinics and doctors' homes. Provincial judges granted a much narrower limit on activity near three abortion clinics, as well as physicians' homes (Lewis, 2010). Once injunctions were secured,

activists found the burden of enforcement largely fell on clinic staff, who had to call police each time a violation occurred. After police dispersed protesters, officers typically left the scene and the harassment of clinic staff and patients resumed (Janusz, 2018; Johnstone, 2018a: 133).

A second approach involved public injunctions, whereby provincial cabinets rather than abortion providers asked judges to restrict protest in specified locations. In Ontario, this strategy ran afoul of schisms inside the NDP. During the early years of Bob Rae's government, Attorney General Howard Hampton and Solicitor General Allan Pilkey declined to seek a public injunction to protect patients and providers at Toronto abortion clinics. A subsequent NDP attorney general, Marion Boyd, obtained a public injunction protecting 23 locations, including hospitals, clinics, physicians' homes, and medical offices; its constitutionality was upheld in a 1994 decision (*Ontario [Attorney General] v. Dieleman*; Albert, 2005: 20–32; Johnstone and Macfarlane, 2015: 111; PCAN, 2007). Divisions over abortion extended beyond the Rae cabinet: during the same period, NDP MPPs introduced anti-abortion petitions on the floor of the legislature (Ontario Hansard, 1992a, 1992b). No such internal splits were discernible in the BC NDP during the 1990s.

Difficulties entailed in obtaining and enforcing court injunctions led campaigners to press for legislative solutions known as “safe access,” “buffer zone” or “bubble zone” laws that would restrict protest in contested locations. Three of the four provinces—two led by NDP and one by Liberal political executives—passed safe access laws.<sup>3</sup> Months after Dr. Garson Romalis was shot in Vancouver, BC's NDP government enacted the first bubble zone law in Canada. Most members of the Opposition Liberal caucus endorsed the 1995 legislation (Isitt, 2018: 109).<sup>4</sup> Known as the Access to Abortion Services Act (AASA), the law limited protest near clinics, doctors' homes and doctors' offices and made harassment (including physical interference as well as videography) of providers and patients illegal (Downie and Nassar, 2007: 172; Isitt, 2018: chap. 4). Vancouver police charged abortion opponents with violating the AASA shortly after it came into effect. Protesters contested the constitutionality of the legislation; in response, BC's provincial court ruled it contravened Charter rights to freedom of conscience and religion. The provincial appeals court then deemed the violations to be justified under section 1 Charter protections for women's health (*R. v. Lewis*, 1996). The Supreme Court of Canada declined to hear an appeal, and subsequent efforts to challenge the AASA were unsuccessful (ARCC, 2022; PCAN, 2007).

In Ontario, the Rae cabinet did not introduce buffer zone legislation nor did subsequent PC (Harris/Eves) or Liberal (McGuinty) political executives. Instead, Ontario's law dates from the Liberal government of Kathleen Wynne, which passed the Safe Access to Abortion Services Act in 2017. Modelled on the BC precedent, the Ontario law created protected zones outside abortion clinics and medical offices and prohibited protesters from targeting the homes of physicians or clinic staff. In 2018, Rachel Notley's NDP government in Alberta passed the Protecting Choice for Women Accessing Health Care Act, which closely resembled earlier BC and Ontario statutes (Clancy, 2018; Janusz, 2018).

In Manitoba, the NDP held power for more than 16 years starting in 1999 but failed to initiate access zone legislation. Beginning in 2018, Opposition Member of

the Legislative Assembly and NDP house leader Nahanni Fontaine tried multiple times to introduce a private member's bill modelled on what other provinces had enacted. Each of her efforts was defeated by the governing PCs (ARCC, 2021b). The willingness of Manitoba New Democrats to press forward on this issue suggested growing pro-choice and waning social traditionalist influences on the party during recent years.

Overall, data on safe zone protections indicate left and centrist governments were more likely to pursue pro-choice policies than were right-of-centre regimes. Two NDP and one Liberal political executive passed buffer laws, compared with zero conservative governments. Important variations can be discerned, however. Ontario NDP cabinet ministers eventually pursued a public court injunction to protect clinics in Toronto during the same era that BC New Democrats enacted the country's first access zone law. Most BC Liberal MLAs endorsed legislation introduced in 1995 by the NDP government, while in Manitoba, PC MLAs voted unanimously against Fontaine's proposed safe zone law in 2021 (Isitt, 2018: 109; CTV News Winnipeg, 2021).

## Conclusions

This study, which is among the first to examine abortion policy in provinces where violent attacks followed the *Morgentaler* decision, focuses on feminist demands for enhanced hospital access, public funding of clinic procedures and safe zone protections. It finds that in neoliberal times, progressive governing party ideology was generally associated with movement influence such that the presence of left political executives tended to favour pro-choice interests while conservative governments disadvantaged them. In Alberta during the Klein era and Ontario during the Harris years, hard-right political executives tried to restructure welfare states in ways that jeopardized reproductive choice. Provincial abortion policies in the late 1980s and following thus resembled childcare and violence against women outcomes in their broad variation along left/right lines (Collier, 2008, 2012; White, 1997).

This article presents four significant, largely unanticipated findings. First, it demonstrates that some centrist provincial leaders were more receptive to movement claims than their NDP comparators. In Ontario, provincial Liberals eliminated TACs, funded clinic abortions and passed an access zone law. The fact that Liberals, rather than New Democrats, legislated bubble zones is at odds with findings on childcare and violence against women, which show centrists tended to act less progressively than left politicians (Collier, 2008: 29; see also White, 1997).

Second, our analysis underlines the role of centrists operating at the federal level. Federal Liberals withheld health transfers to Alberta and Manitoba during the 1990s. Both provinces later agreed to fund clinic abortions.

Third, we find feminist critical actors mattered (Childs and Krook, 2008). Federal health minister Diane Marleau defended women's reproductive choice by imposing fiscal sanctions on recalcitrant jurisdictions. At the provincial level, leaders including Marion Boyd and Kathleen Wynne in Ontario and Rachel Notley in Alberta, responded sympathetically to feminist movement claims.

Fourth, this study suggests that NDP governments varied widely in their treatment of pro-choice demands. Beginning in 1991, BC's NDP government widened access in public hospitals, covered the full cost of clinic abortions and passed a buffer zone law. Alberta's NDP government responded favourably after winning power in 2015. By contrast, Manitoba NDP leaders denied public funding for clinics until faced with both federal sanctions and multiple judicial reversals. No bubble zone law exists in Manitoba as of this writing. In Ontario, the only jurisdiction in the cluster with three competitive parties at the provincial level, Liberal as well as NDP governments adopted pro-choice positions on hospital access and clinic funding. Yet no Ontario government pursued a safe access law until the Liberals, led by the province's first female premier, passed one in 2017.

Future research could usefully explore each of these points and, in particular, how traditionalist versus secular or humanist values influenced Canadian political parties. With respect to abortion, what factors encouraged BC Liberals to join NDP MLAs in endorsing a buffer zone law in 1995? Conversely, what pressures limited pro-choice influence in both of Manitoba's major provincial parties? How did groups opposed to abortion foster alliances with Liberal and NDP MPPs in Ontario? Although social traditionalism features in discussions of abortion politics in the Maritime provinces (Ackerman, 2017; Johnstone, 2018b: 767–68), this phenomenon has received less attention in studies of other regions.

Readers may question whether at a practical level, access to surgical abortions mattered following Health Canada's approval of medication known as Mifegymiso in 2015. Once the pills became available in Ontario in late 2017, their use accounted for a growing proportion of abortions amid a relatively stable abortion rate (Schummers et al., 2022). Yet medical abortions were efficacious only within particular gestational limits: at the time of writing, clinics in Vancouver and Toronto offered medication to terminate pregnancies of under 10 weeks while those in Edmonton and Winnipeg had 9-week limits. As well, Mifegymiso use was largely confined to facilities in major cities: nearly three-fourths of abortion pill prescriptions in Alberta in 2018 came from a single women's clinic in Calgary, while in Manitoba, public health coverage for the prescription required that it be dispensed by one of three clinics located in Winnipeg and Brandon (Weeks, 2019a). Given that North American women typically learned they were pregnant at the 6-week mark (Branum and Ahrens, 2017), inequities in access to medical abortions in Canada seemed to resemble those identified in earlier periods for surgical procedures—such that women living in small-town, rural and remote areas were measurably disadvantaged.

These patterns underline how in Canada, factors beyond fiscal constraints and governing party ideology continue to shape abortion rights. In multiple provinces after 1988, social traditionalism hindered efforts to realize in policy terms what feminists saw as a major judicial breakthrough. In the shadow of the historic *Roe v. Wade* reversal in the US Supreme Court, currents pressing against pro-choice interests in Canada's provinces merit careful scrutiny.

**Acknowledgments.** An earlier version of this material was presented at the online Canadian Political Science Association meetings in June 2022. I am grateful to Erika Dyck, Lorna Marsden and the *CJPS* reviewers and editors for their comments; Marcus Closen, David de Paiva and David Maecker for their

research assistance; and SSHRC and the University of Toronto's Tri-Council Bridge Fund for financial support.

## Notes

1 In BC's two-party system at the provincial level, the Liberals tend toward right rather than centrist positions.

2 Following the release of Marleau's 1995 letter, Health Canada's annual reports on the Canada Health Act state "the definition of 'hospital' contained in the Act includes any public facility that provides acute, rehabilitative, or chronic care. Thus, when a provincial or territorial health care insurance plan pays the physician fee for a medically necessary service delivered at a private clinic, it must also pay the facility fee or face a deduction from federal transfer payments" (Health Canada, 2011: 229).

3 Other provinces not considered in this study have also passed access zone laws, including Newfoundland, Quebec and Nova Scotia. See ARCC (2022).

4 In BC's 75-seat legislature with 51 NDP, 17 Liberal and 7 Social Credit members, 49 MLAs voted for and 9 opposed the bill.

## References

- Ackerman, Katrina. 2017. "The 'Dark' and 'Well-Kept Secret': Women's Abortion Experiences in the Maritime Provinces, 1969–1988." In *Abortion: History, Politics and Reproductive Justice after Morgentaler*, ed. Shannon Stettner, Kristin Burnett and Travis Hay. Vancouver: UBC Press.
- ACSHR (Action Canada for Sexual Health and Rights). 2019. "Access at a Glance: Abortion Services in Canada." <https://www.actioncanadashr.org/resources/factsheets-guidelines/2019-09-19-access-glance-abortion-services-canada> (July 7, 2021).
- Albert, Richard. 2005. "Protest, Proportionality, and the Politics of Privacy: Mediating the Tension between the Right of Access to Abortion Clinics and Free Religious Expression in Canada and the United States." *Loyola of Los Angeles International and Comparative Law Review* 27 (1): 1–62.
- ARCC (Abortion Rights Coalition of Canada). 2021a. "Position Paper #3: Clinic Funding—Overview of Political Situation." <https://www.arcc-cdac.ca/wp-content/uploads/2020/06/03-Clinic-Funding-Overview.pdf> (April 16, 2023).
- ARCC (Abortion Rights Coalition of Canada). 2021b. "Safe Access Zones at Abortion Clinics Are Constitutional and Ensure Privacy and Safety." October 3, 2021. <https://www.arcc-cdac.ca/safe-access-zones-at-abortion-clinics-are-constitutional-and-ensure-privacy-and-safety/> (April 16, 2023).
- ARCC (Abortion Rights Coalition of Canada). 2022. "Safe Access Zone Laws and Court Injunctions in Canada (to Protect Abortion Access)." <https://www.arcc-cdac.ca/media/2020/06/Bubble-Zones-Court-Injunctions-in-Canada.pdf> (April 16, 2023).
- Bashevkin, Sylvia. 1996. "Losing Common Ground: Feminists, Conservatives and Public Policy in Canada during the Mulroney Years." *Canadian Journal of Political Science* 29 (2): 211–42.
- Bashevkin, Sylvia. 2000. "Rethinking Retrenchment: North American Social Policy during the Early Clinton and Chrétien Years." *Canadian Journal of Political Science* 33 (1): 7–36.
- Bashevkin, Sylvia, ed. 2019. *Doing Politics Differently? Women Premiers in Canada's Provinces and Territories*. Vancouver: UBC Press.
- BC Hansard. 1988. *Official Report of Debates of the Legislative Assembly (Hansard)*. February 29, 1988. Afternoon Sitting. [https://www.leg.bc.ca/content/hansard/34th1st/34p\\_01s\\_880229p.htm](https://www.leg.bc.ca/content/hansard/34th1st/34p_01s_880229p.htm) (April 16, 2023).
- Branum, Amy M. and Katherine A. Ahrens. 2017. "Trends in Timing of Pregnancy Awareness among U.S. Women." *Maternal and Child Health Journal* 21 (4): 715–26.
- Brodie, Janine, Shelley A. M. Gavigan and Jane Jenson. 1992. *The Politics of Abortion*. Don Mills: Oxford University Press.
- Burt, Sandra and Elizabeth Lorenzin. 1997. "Taking the Women's Movement to Queen's Park: Women's Interests and the New Democratic Government of Ontario." In *In the Presence of Women: Representation in Canadian Governments*, ed. Jane Arcsott and Linda Trimble. Toronto: Harcourt Brace.

- Byrne, Lesley. 2009. "Making a Difference When the Doors Are Open: Women in the Ontario NDP Cabinet, 1990–95." In *Opening Doors Wider: Women's Political Engagement in Canada*, ed. Sylvia Bashevkin. Vancouver: UBC Press.
- Canada. 1977. *Report of the Committee on the Operation of the Abortion Law (Badgley Report)*. Ottawa: Supply and Services Canada.
- Carbert, Louise. 1997. "Governing on 'the Correct, the Compassionate, the Saskatchewan Side of the Border.'" In *In the Presence of Women: Representation in Canadian Governments*, ed. Jane Arcscott and Linda Trimble. Toronto: Harcourt Brace.
- Childs, Sarah and Mona Lena Krook. 2008. "Critical Mass Theory and Women's Political Representation." *Political Studies* 56 (3): 725–36.
- Clancy, Clare. 2018. "Abortion Clinic Bubble Zone Bill Approved." *Edmonton Journal*, May 30. <https://edmontonjournal.com/news/politics/abortion-clinic-bubble-zone-bill-approved-ucp-absent-for-vote>. (April 6, 2023).
- Collier, Cheryl N. 2008. "Neoliberalism and Violence against Women: Can Retrenchment Convergence Explain the Path of Provincial Anti-violence Policy, 1985–2005?" *Canadian Journal of Political Science* 41 (4): 19–42.
- Collier, Cheryl N. 2012. "Feminist and Gender-Neutral Frames in Contemporary Child-Care and Anti-violence Policy Debates in Canada." *Politics & Gender* 8 (3): 283–303.
- Cook, Rebecca J., Bernard M. Dickens and Laura E. Bliss. 1999. "International Developments in Abortion Law from 1988 to 1998." *American Journal of Public Health* 89 (4): 579–86.
- CTV News Winnipeg. 2021. "NDP Bill for Abortion Clinic Buffer Zones Defeated in House." October 14. <https://winnipeg.ctvnews.ca/ndp-bill-for-abortion-clinic-buffer-zones-defeated-in-house-1.5623693> (April 16, 2023).
- Cuneo, Michael W. 1989. *Catholics against the Church: Anti-abortion Protest in Toronto, 1969-1985*. Toronto: University of Toronto Press.
- Dobrowsky, Alexandra. 2006. "The Chrétien Liberal Legacy and Women." In *The Chrétien Legacy*, ed. Lois Harder and Steve Patten. Montreal and Kingston: McGill-Queen's University Press.
- Downie, Jocelyn and Carla Nassar. 2007. "Barriers to Access to Abortion through a Legal Lens." *Health Law Journal* 15: 143–73.
- Dubinsky, Karen. 1985. *Lament for a "Patriarchy Lost"? Anti-feminism, Anti-abortion and R.E.A.L. Women in Canada*. Ottawa: CRIAW.
- Erdman, Joanna. 2007. "In the Back Alleys of Health Care: Abortion, Equality and Community in Canada." *Emory Law Journal* 56 (4): 1093–1156.
- Erickson, Lynda. 1997. "Parties, Ideology, and Feminist Action: Women and Political Representation in British Columbia Politics." In *In the Presence of Women: Representation in Canadian Governments*, ed. Jane Arcscott and Linda Trimble. Toronto: Harcourt Brace.
- Farid, Claire. 1997. "Access to Abortion in Ontario: From *Morgentaler* 1988 to the *Savings and Restructuring Act*." *Health Law Journal* 5: 119–45.
- Farney, James. 2012. *Social Conservatives and Party Politics in Canada and the United States*. Toronto: University of Toronto Press.
- Feldberg, Georgina, Molly Ladd-Taylor, Alison Li and Kathryn McPherson. 2003. "Comparative Perspectives on Canadian and American Women's Health Care since 1945." In *Women, Health and Nation: Canada and the United States since 1945*, ed. Georgina Feldberg, Molly Ladd-Taylor, Alison Li and Kathryn McPherson. Montreal and Kingston: McGill-Queen's University Press.
- Gelb, Joyce. 1989. *Feminism and Politics: A Comparative Perspective*. Berkeley: University of California Press.
- Gilmour, Joan M. 2006. "Limits of the Law: Legal Challenges to the Health Services Restructuring Commission." In *Survival Strategies: The Life, Death and Renaissance of a Canadian Teaching Hospital*, ed. David Goyette, Dennis W. Magill and Jeff Denis. Toronto: Canadian Scholars' Press.
- Grace, Joan. 2005. "Challenges and Opportunities in Manitoba: The Social Democratic 'Promise' and Women's Equality." In *Challenges and Perils: Social Democracy in Neoliberal Times*, ed. William K. Carroll and R. S. Ratner. Halifax: Fernwood.
- Guenther, Katja M. 2010. *Making Their Place: Feminism after Socialism in Eastern Germany*. Stanford: Stanford University Press.
- Harder, Lois. 2003. *State of Struggle: Feminism and Politics in Alberta*. Edmonton: University of Alberta Press.

- Hausman, Melissa. 2005. *Abortion Politics in North America*. London: Lynne Rienner.
- Hausman, Melissa and Lisa Mills. 2012. "Doing the North American Two-Step on a Global Stage: Canada, Its G8 Muskoka Initiative and Safe Abortion Funding." In *How Ottawa Spends, 2012–2013*, ed. G. Bruce Doern and Christopher Stoney. Montreal and Kingston: McGill-Queen's University Press.
- Health Canada. 2011. *Canada Health Act Annual Report 2010–2011*. [http://www.hc-sc.gc.ca/hcs-sss/alt\\_formats/pdf/pubs/cha-ics/2011-cha-lcs-ar-ra-eng.pdf](http://www.hc-sc.gc.ca/hcs-sss/alt_formats/pdf/pubs/cha-ics/2011-cha-lcs-ar-ra-eng.pdf) (August 15, 2022).
- Isitt, Benjamin. 2018. *Patterns of Protest: Property, Social Movements and the Law in British Columbia*. PhD diss., Faculty of Law, University of Victoria.
- Janusz, Barbara D. 2018. "Bubble Zones Expanded." *Herizons* (Spring): 6–7.
- Johnstone, Rachael. 2018a. *After Morgentaler: The Politics of Abortion in Canada*. Vancouver: UBC Press.
- Johnstone, Rachael. 2018b. "Explaining Abortion Policy Developments in New Brunswick and Prince Edward Island." *Journal of Canadian Studies* 52 (3): 765–84.
- Johnstone, Rachael and Emmett Macfarlane. 2015. "Public Policy, Rights and Abortion Access in Canada." *International Journal of Canadian Studies* 51: 97–120.
- Knight, Melanie and Kathleen Rodgers. 2012. "'The Government Is Operationalizing Neo-Liberalism': Women's Organizations, Status of Women Canada and the Struggle for Progressive Social Change in Canada." *NORA—Nordic Journal of Feminist and Gender Research* 20 (4): 266–82.
- Lewis, Charles. 2010. "The History of the Abortion Picketing Injunction." *National Post*, July 30. <https://nationalpost.com/holy-post/the-history-of-the-abortion-picketing-injunction> (April 16, 2023).
- Little, Margaret Jane Hillyard. 1998. *No Car, No Radio, No Liquor Permit: The Moral Regulation of Single Mothers in Ontario, 1920–1997*. Toronto: Oxford University Press.
- McDaniel, Susan A. 1985. "Implementation of Abortion Policy in Canada as a Women's Issue." *Atlantis* 10 (2): 74–91.
- McLaren, Angus and Arlene Tigar McLaren. 1997. *The Bedroom and the State: The Changing Practices and Politics of Contraception and Abortion in Canada 1880–1997*. Don Mills: Oxford University Press.
- Melich, Tanya. 1996. *The Republican War against Women: An Insider's Report from behind the Lines*. New York: Bantam.
- Morgen, Sandra. 2002. *Into Our Own Hands: The Women's Health Movement in the United States, 1969–1990*. New Brunswick, NJ: Rutgers University Press.
- Morton, F. L. 1992. *Morgentaler v. Borowski: Abortion, the Charter and the Courts*. Toronto: McClelland and Stewart.
- Ontario Hansard. 1992a. *Hansard Transcripts, Legislative Assembly of Ontario*. June 11. <https://www.ola.org/en/legislative-business/house-documents/parliament-35/session-2/1992-06-11/hansard> (April 16, 2023).
- Ontario Hansard. 1992b. *Hansard Transcripts, Legislative Assembly of Ontario*. October 22. <https://www.ola.org/en/legislative-business/house-documents/parliament-35/session-2/1992-10-22/hansard> (April 16, 2023).
- Overby, L. Marvin, Raymond Tatalovich and Donley T. Studlar. 1998. "Party and Free Votes in Canada: Abortion in the House of Commons." *Party Politics* 4 (3): 381–92.
- Palley, Howard A. 2006. "Canadian Abortion Policy: National Policy and the Impact of Federalism and Political Implementation on Access to Services." *Publius* 36 (4): 565–86.
- Pawley, Howard. 2011. *Keep True: A Life in Politics*. Winnipeg: University of Manitoba Press.
- PCAN (Pro-Choice Action Network). 2007. "Abortion History—Chronology of Events." <https://www.arcc-dcac.ca/wp-content/uploads/2020/06/Abortion-Chronology.pdf> (April 16, 2023).
- Petchesky, Rosalind Pollack. 1990. *Abortion and Women's Choice: The State, Sexuality and Reproductive Freedom*. Boston: Northeastern University Press.
- Pierson, Paul. 1994. *Dismantling the Welfare State? Reagan, Thatcher and the Politics of Retrenchment*. Cambridge: Cambridge University Press.
- Plumb, Alison. 2013. "Research Note: A Comparison of Free Vote Patterns in Westminster-Style Parliaments." *Commonwealth & Comparative Politics* 51 (2): 254–66.
- Ray, Raka. 1999. *Fields of Protest: Women's Movements in India*. Minneapolis: University of Minnesota Press.
- Rayside, David M., Jerald Sabin and Paul E. J. Thomas. 2017. *Religion and Canadian Party Politics*. Vancouver: UBC Press.
- Reger, Jo. 2012. *Everywhere and Nowhere: Contemporary Feminism in the United States*. New York: Oxford University Press.

- Reid, Michelle Siobhan. 2013. "The Morgentaler Decision: A 25th Anniversary Celebration." <http://www.morgentaler25years.ca/the-struggle-for-abortion-rights/access-by-province/> (April 16, 2023).
- Rice, James J. and Michael J. Prince. 1993. "Lowering the Safety Net and Weakening the Bonds of Nationhood: Social Policy in the Mulroney Years." In *How Ottawa Spends, 1993–1994*, ed. Susan D. Phillips. Ottawa: Carleton University Press.
- Ross, Val. 1983. "A Raid in the Abortion War." *Maclean's*, June 15, 21.
- Saurette, Paul and Kelly Gordon. 2015. *The Changing Voice of the Anti-abortion Movement: The Rise of "Pro-Woman" Rhetoric in Canada and the United States*. Toronto: University of Toronto Press.
- Schummers, Laura, Elizabeth K. Darling, Sheila Dunn, Kimberlyn McGrail, Anastasia Gayowsky, Michael R. Law, Tracey-Lea Laba, Janusz Kaczorowski and Wendy V. Norman. 2022. "Abortion Safety and Use with Normally Prescribed Mifepristone in Canada." *New England Journal of Medicine* **386** (1): 57–67.
- Sethna, Christabelle and Steve Hewitt. 2009. "Clandestine Operations: The Vancouver Women's Caucus, the Abortion Caravan and the RCMP." *Canadian Historical Review* **90** (3): 463–95.
- Staggenborg, Suzanne and Howard Ramos. 2016. *Social Movements*. Don Mills: Oxford University Press.
- Stettner, Shannon. 2013. "'We Are Forced to Declare War': Linkages between the 1970 Abortion Caravan and Women's Anti-Vietnam War Activism." *Social History* **46** (92): 423–41.
- Teghtsoonian, Katherine. 2003. "W(h)ither Women's Equality? Neoliberalism, Institutional Change and Public Policy in British Columbia." *Policy, Organisation and Society* **22** (1): 26–47.
- Trimble, Linda. 1997. "Feminist Politics in the Alberta Legislature, 1972–1994." In *In the Presence of Women: Representation in Canadian Governments*, ed. Jane Arscott and Linda Trimble. Toronto: Harcourt Brace.
- Weeks, Carly. 2019a. "Abortion Pill Obstacles: How Doctors' Reluctance and Long-Distance Travel Stop Many Canadians from Getting Mifegymiso." *Globe and Mail*, July 13. <https://www.theglobeandmail.com/canada/article-abortion-pill-obstacles-how-doctors-reluctance-and-long-distance/> (April 16, 2023).
- Weeks, Carly. 2019b. "Ontario, New Brunswick Violating Canada Health Act by Forcing Patients to Pay for Abortions: National Abortion Federation." *Globe and Mail*, July 16. <https://www.theglobeandmail.com/canada/article-ontario-new-brunswick-violating-canada-health-act-by-forcing-patients/> (April 16, 2023).
- Wells, Karin. 2020. *The Abortion Caravan: When Women Shut Down Government in the Battle for the Right to Choose*. Toronto: Second Story Press.
- White, Linda A. 1997. "Partisanship or Politics of Austerity? Child Care Policy Development in Ontario and Alberta, 1980 to 1996." *Journal of Family Issues* **18** (1): 7–29.
- White, Linda A. 2013. "Federalism and Equality Rights Implementation in Canada." *Publius* **44** (1): 157–82.
- Young, Lisa. 2000. *Feminists and Party Politics*. Vancouver: UBC Press.
- Zdeb, Chris. 1988. "Hospital Minister Abolishes Abortion Panels." *Edmonton Journal*, February 6. <https://edmontonjournal.com/news/local-news/feb-6-1988-hospitals-minister-abolishes-abortion-panels> (April 16, 2023).

## Cases Cited

- British Columbia Supreme Court. *B.C. Civil Liberties Assn. v. British Columbia*, [1988] 49 D.L.R. (4th).
- British Columbia Supreme Court. *R. v. Lewis*, [1996] CanLII 3559 (BC SC).
- Manitoba Court of Appeal. *Lexogest Inc. v. Manitoba (Attorney General)*, [1993] 101 D.L.R. (4th).
- Manitoba Court of Queen's Bench. *Jane Doe v. Manitoba*, [2004] 248 D.L.R. (4th).
- Manitoba Court of Appeal. *Jane Doe v. Manitoba*, [2005] 260 D.L.R. (4th).
- Ontario Court of Justice. *Ontario (Attorney General) v. Dieleman*, [1994] 117 D.L.R. (4th).
- Supreme Court of Canada. *R v. Morgentaler*, [1988] 1 S.C.R. 30.
- U.S. Supreme Court. *Roe v. Wade*, [1973] 410 U.S. 113.

---

**Cite this article:** Bashevkin, Sylvia. 2023. "Explaining Feminist Movement Impact: Provincial Abortion Policies in the Wake of Decriminalization, 1988–2018." *Canadian Journal of Political Science* **56** (3): 504–524. <https://doi.org/10.1017/S0008423923000227>